


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership KARMA LAND VENTURE, LTD		1a. DOCUMENT # A04772	
Mailing Address P. O. BOX 140239 GAINESVILLE FL 32614-0239		Principal Office Address P. O. BOX 140239 GAINESVILLE FL 32614-0239	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 02/12/1976 3a. Date of Last Report 01/03/1997 4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record \$511,409.68 5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number 59-1674303 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 13 PM 12:59



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9. Name and Address of Current Registered Agent CHESBOROUGH, LOWELL D. 3705 SW 42ND PLACE GAINESVILLE FL 32608		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) CHESBOROUGH, LOWELL D.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3705 SW 42ND PLACE	11b. City, State & Zip Code GAINESVILLE FL	11c. Registration/Document Number 300002410983--4 -01/26/98--01004--003 ****535.00 ****535.00
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. Further, I certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE 12/15/97

Typed or Printed Name of General Partner Signing Form LOWELL CHESBOROUGH

Daytime Telephone Number (352) 377-8560

CR2E003 (6/97)